

2575

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

## ARIZONA STATE BOARD OF HEALTH

1. County Pima

BUREAU OF VITAL STATISTICS

State Index - - - No. 79

District \_\_\_\_\_

## ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. 141Town or City Globe

Local Registrar's - No. \_\_\_\_\_

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carmen Dominguez

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred

yrs.

mos.

(If nonresident, give city or town and State)

ds. How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR or RACE

5. SINGLE, MARRIED, WID-  
OWED or DIVORCED  
(Write the word)Female Mex5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov. 13, 1923

7. AGE

Years

Months

Days

IF LESS than  
1 day — hrs. |  
or — min.5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)  
(c) Name of employer9. BIRTHPLACE (city or town)  
(State or country)Copper Hill  
Ariz

10. NAME OF FATHER

Albert Dominguez

11. BIRTHPLACE OF FATHER

(State or country)

Mexico (city or town)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or country)

(city or town)

14.

Informant  
(Address)

15.

Filed

5-119 24B. S. J. a

Local Registrar.

Filed

6-619 24B. S. J. a

County Registrar.

V: S. No. 1

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 1, 1924

17.

I HEREBY CERTIFY, That I attended deceased from April  
27, 19 24 to April 30, 19 24that I last saw her alive on April 30, 19 24and that death occurred, on the date stated above, at 5 A.M.  
The CAUSE OF DEATH\* was as follows:Erysipelas(duration) — yrs. — mos. 5 ds.CONTRIBUTORY  
(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted  
if not at place of death? at homeDid an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? physical examination(Signed) J. C. Harper, M. D.(Address) Globe, Ariz.\* State the Disease Causing Death, or in deaths from Violent  
Causes, state (1) Means and Nature of Injury, and (2) whether Acci-  
dental, Suicidal, or Homicidal. (See reverse side for additional space.)19. PLACE OF BURIAL, CREMATION OR  
REMOVALGlobe Ariz.

DATE OF BURIAL

5/1 19 24

20. UNDERTAKER

None

ADDRESS